



## Ethical Considerations of Private Practice in a Recession

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For many psychologists in private practice, earning a living and being a clinically competent, empathic clinician are mutually exclusive concepts. Little if any emphasis was placed on the business aspects of professional practice during our graduate school training (Walfish & Barnett, 2009). Balancing these potentially competing professional interests may be informed by our individual values as well as the economic and social trends in which we find ourselves working. The practice of psychology today, is greatly impacted by the current economic climate, as we now openly acknowledge “the recession” and await its outcome. While we do so, many psychologists in private practice are facing ethical and clinical dilemmas, not previously encountered, during more stable economic times.

While the APA Ethical principles of psychologists and code of conduct (2002), does not directly offer guidance on “what to do in a recession,” many principles and standards apply. In the process of making decisions regarding our professional behavior, we must consider the Ethics Code, as well as relevant laws and Board regulations (APA, 2002).

When colleagues were recently asked to share some of the dilemmas they have faced, many responded. Several colleagues commented that their experience of the economic climate’s impact upon their practice has included changes in how they deliver services. These include: “reduced frequency of appointments, and shorter treatment plans.” The Ethics Code (10.01) encourages a clear discussion about the impact of alternate treatment methods and planning, with our patients. We are guided to evaluate the therapeutic benefits and potential detriments of making clinical decisions based upon financial parameters. The General Principle of Beneficence and Nonmaleficence (APA, 2002) further informs our aspiration to safeguard the welfare of those with whom we work. Where we may believe that limited treatment or brief treatment will be ineffective, we are obliged to discuss this with our patients and to consider alternative options for effective psychological treatment.

Another colleague commented that she faced “demands for services I don’t usually provide, like Skype, or telephonic appointments.” Compelled to insure patient satisfaction and not risk premature termination (and thus lost income) by refusing the demands of their patients, some clinicians were considering extending themselves beyond their intended area of practice, and most importantly, their scope of competence. Psychologists are obliged to consider providing services only within the boundaries of their competence (2.01), based largely upon education, training and consultation. While the conveniences of Skype and other forms of telehealth may appear to advance our practice toward more 21<sup>st</sup> century styles of living, such practices may require additional training and experience. It is also valuable to ensure that the

provision of clinical services in this context would in fact be covered by the malpractice policies which insure our practice. Use of the Internet does not necessarily permit, for example, interstate practice nor does it alleviate the potential for conflicts between ethics, law regulations or other governing legal authorities (1.02).

The consequence of many of these dilemmas has been a significant reduction of income in our profession. Colleagues who contributed their ideas on this subject frequently noted a loss of 10 - 30% in their overall income from last year to this year. The challenge (and very real need) to earn a living is competing with our ethical obligation to practice with sound clinical judgment. For some colleagues, this included their decision to seek authorization for treatment for what they knew would be an “approved” diagnosis. Guided by a very clear understanding of what they would (or would not) be reimbursed for by insurance carriers (which directly refer to them), many psychologists have considered using specific diagnostic codes in order to “help my patients get the services they need.” The very real need to be reimbursed for their services, and the belief that they are helping patients to access otherwise unattainable services may be guiding the decision-making of many in this economic climate. Newly licensed psychologists who are just beginning their practice may be similarly influenced. This conflict of interest (3.06) often places us in the unethical position of prioritizing financial gain (and the belief that we are being helpful) over the ethical and effective performance of our duties as diagnosticians. Further, we are guided by the Ethics Code (6.06) to at all times take reasonable steps to ensure the accurate reporting of the nature of the service provided to payors and funding sources, which always includes diagnosis.

Our efforts to practice with competence and offer effective treatment need not compete with our need to earn a living. The Ethics Code may guide our considerations in the context of challenging economic conditions. 

### References

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